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Bib Data Sheet

CONFIRMATION NO. 7026

|  |   |                                   |   |  |
|--|---|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/786,275   | <b>FILING DATE</b><br>03/15/2001<br><b>RULE</b>   | <b>CLASS</b><br>375               | <b>GROUP ART UNIT</b><br>2631   | <b>ATTORNEY DOCKET NO.</b><br>203495US2PCT |
| <b>APPLICANTS</b><br>Christophe Boulanger, Ivry-Sur-Seine, FRANCE;<br>Jean-Rene Lequepeys, Fotaine, FRANCE;<br>Bernard Piaget, Venon, FRANCE;<br>Roselino Lioni, Seyssins, FRANCE;   |   |                                   |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/FR99/02102 09/03/1999  |   |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 98/11087 09/04/1998   |   |                                   |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance<br>Verified and Acknowledged <i>T.W.</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>5                   |
| <b>INDEPENDENT CLAIMS</b><br>1   |   |                                   |   |  |
| <b>ADDRESS</b><br>22850  |   |                                   |   |  |
| <b>TITLE</b><br>Method for receiving cdma signals with synchronisation resulting from delayed double multiplication and corresponding receiver   |   |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>990  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |